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hefcw



QAA  
Cymru

# Gateway Quality Review: Wales

## Handbook

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## Gateway process overview

The Higher Education Funding Council for Wales (HEFCW) has commissioned the QAA to develop a Gateway Quality Review Method for Wales. The *Gateway Quality Review: Wales* (GQRW) has been developed to build on the *Quality Review Visit* for England and Northern Ireland. The GQRW is a key element of the *Quality Assessment Framework for Wales*<sup>1</sup>.

**Figure 1: Quality Assessment Framework for Wales**

Quality Assessments Framework				
Gateway	Arrangements for established providers	Tailored but rapid intervention	Degree standards and comparability	International reputation
Gateway review	Risk-based review arrangements  Scrutiny of data  Annual assurance from the governing body  Triennial visits  Working in partnership with students	HEFCW complaints process  Guidance  HEFCW's Quality Assessment Committee	Understanding degree algorithms  Grade inflation / improvement  External examining, professional development and calibration	UK Standing Committee for Quality Assessment  Transnational review visits

The GQRW will allow a provider to be able to demonstrate its compliance with the baseline quality requirements for higher education in Wales. These are:

- the frameworks for higher education qualifications, as set out in the UK Quality Code for Higher Education
- the Expectations of the UK Quality Code for Higher Education
- the relevant code of governance
- the providers' relevant obligations under consumer law<sup>2</sup>
- the relevant good practice framework for handling complaints and academic appeals<sup>3</sup>
- the financial sustainability, management and governance requirements of the relevant funding body, and mission and strategy for higher education provision
- Welsh language requirements (Wales only)
- alignment with the *Credit and Qualifications Framework for Wales* (Wales only).

Providers will be able to use successful outcomes of GQRW as evidence of the quality assurance of their HE provision against the baseline. This in turn could inform an application for specific designation or a Fee and Access Plan.

<sup>1</sup>[www.hefcw.ac.uk/documents/publications/circulars/circulars\\_2018/W18%2005HE%20Annex%20A.pdf](http://www.hefcw.ac.uk/documents/publications/circulars/circulars_2018/W18%2005HE%20Annex%20A.pdf) (PDF, 152KB)

<sup>2</sup> Policies and procedures are in place to ensure consumer protection obligations are met.

<sup>3</sup> Office of the Independent Adjudicator's Good Practice Framework.

More information on this and how HEFCW will use the outcomes of GQRW can be found on HEFCW's website.

The Gateway process has been designed to ensure that students receive a high-quality academic experience and that academic standards are set appropriately and remain secure.

The process is designed to be rigorous, proportionate and provide the assurances that matter to students on academic standards, student outcomes and the academic experience. The Gateway process has been designed by consideration of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG)<sup>4</sup>.

The Gateway Quality Review will be carried out by a team of trained peer and student reviewers. It will test a provider's arrangements against the relevant baseline regulatory requirements to ensure that the provider is able to deliver a consistently high-quality student academic experience and that academic standards are secure.

Students are at the heart of the Gateway Quality Review. There are opportunities for a provider's students to take part in the Gateway Quality Review, including by contributing to a student submission, meeting the review team during the on-site visit, working with the provider in response to review outcomes, and acting as the Lead Student Representative. In addition, review teams normally include a student reviewer.

**This handbook details the Gateway Quality Review methodology for providers undergoing review from 2018-19.**

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<sup>4</sup> Available at: [www.engq.eu/wp-content/uploads/2015/11/ESG\\_2015.pdf](http://www.engq.eu/wp-content/uploads/2015/11/ESG_2015.pdf) (PDF, 622KB)

# Chapter 1: Introduction and Gateway Quality Review overview

## Introduction

QAA, on behalf of HEFCW, will undertake Gateway Quality Reviews of higher education providers to:

- test their HE provision against the baseline quality regulatory requirements
- re-test the quality aspects of the baseline regulatory requirements at the end of a four-year period, when engaged by the provider to do so.

The costs of the review will be met by the provider undergoing the review. The purpose of this handbook is to:

- state the aims of Gateway Quality Review
- set out the approach to be used
- give guidance to providers preparing for, and taking part in, Gateway Quality Reviews.

The handbook is intended primarily for providers going through a Gateway Quality Review.

It is also intended for teams conducting Gateway Quality Reviews and to provide information and guidance for degree-awarding bodies and awarding organisations involved in the Gateway Quality Reviews of providers who deliver courses leading to their awards.

## Aims of Gateway Quality Review

The overall aim of Gateway Quality Review is to provide HEFCW with an expert judgement about the quality assurance of a provider's HE provision.

The Gateway Quality Review is designed to:

- ensure that the student interest is protected
- ensure that the reputation of the UK higher education system is protected, including the protection of academic standards
- identify areas for development and/or specified improvements that will help a provider to meet the baseline regulatory requirements.

## Scope and coverage

The Gateway Quality Review encompasses the following:

- programmes of study leading to awards at levels 4 to 8 of *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ), and Higher National Certificates and Higher National Diplomas
- integrated foundation year programmes<sup>5</sup>, which are designed to enable entry to a specified degree programme or programmes on successful completion.

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<sup>5</sup> In the case of integrated foundation year programmes, it may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is freestanding and does not have a direct relationship with a specified higher education programme, it is not covered by the Quality Code and is out of scope but may be subject to other regulatory requirements.

All such higher education programmes offered by a provider, including those offered through transnational education (TNE) activities and any other type of provision which falls under the HE responsibilities of the provider, are in scope. QAA can advise if providers are uncertain about whether programmes are in scope of a Gateway Quality Review.

## Relevant baseline regulatory requirements

Gateway Quality Reviews encompass detailed scrutiny of a provider's ability to meet those elements of the baseline regulatory requirements that relate directly to the quality of the student academic experience, and to the safeguarding of academic standards.

The external reference points that comprise the baseline regulatory requirements already exist in the regulatory landscape and underpin the Quality Assessment Framework for Wales.

**Table 1: Baseline regulatory requirements against which providers will be reviewed**

Element of baseline regulatory requirements	Focus
<i>The Framework for Higher Education Qualifications in England, Wales and Northern Ireland</i> (FHEQ)	The academic standard set for, and achieved by, your students <sup>6</sup> .
<i>The Credit and Qualifications Framework for Wales</i> (CQFW)	How alignment is achieved and how providers facilitate both credit accumulation and transfer in the context of the Framework.
The Expectations of the UK Quality Code for Higher Education (the Quality Code) (as at the time of publication of this Handbook <sup>7</sup> )	<p>The reference points that address quality management; the provider's approach to learning, teaching and assessment; programme approval and review.</p> <p>QAA will review how it has been adopted within the specific context and mission of the provider's higher education provision.</p>
The relevant code of governance (such as the HE Code of Governance published by the Committee of University Chairs or the Association of Colleges' Code of Good Governance)	<p>Those elements of the Code of Governance that ensure that the governing body has effective oversight of academic governance for its higher education provision.</p> <p>QAA will review how it has been adopted within the specific context and mission of the provider's higher education provision.</p> <p style="text-align: right;"><i>Continued overpage...</i></p>

<sup>6</sup> Those providers with degree awarding powers will be expected to set and maintain standards effectively. Those without degree awarding powers will be expected to maintain the standards set by the awarding body or organisation.

<sup>7</sup> Gateway Quality Review will consider the UK Quality Code as at the time of publication.

From 2019-20, the revised Code will be used: [www.qaa.ac.uk/quality-code/the-revised-uk-quality-code](http://www.qaa.ac.uk/quality-code/the-revised-uk-quality-code)

<p>Policies and procedures are in place to ensure consumer protection obligations are met.</p> <p>The Competition and Markets Authority (CMA) has published guidance to help higher education providers understand their responsibilities under consumer law.</p>	<p>Provider's policies and procedures to help ensure that prospective and current students receive clear, accurate and timely information; that terms and conditions are fair; and that complaint-handling processes and practices are accessible, clear and fair. In particular, has the provider considered and, where appropriate, acted upon the CMA's guidance on compliance with consumer protection law<sup>8</sup>.</p>
<p>Student protection measures as expressed through the Office of the Independent Adjudicator's (OIA) good practice framework.</p>	<p>In particular, how the provider has applied the guidance within the context of its higher education provision, to encompass complaints and academic appeals.</p>
<p>Welsh language requirements</p>	<p>In particular, how a provider has addressed the Welsh Language standards in relation to the quality of the student experience and academic standards.</p>

## Outcomes: Judgements and reference points

Review teams are asked to consider a provider's arrangements against relevant aspects of the baseline regulatory requirements, and in particular the:

- a reliability of academic standards and their reasonable comparability with standards set and achieved in other providers in the UK
- b quality of the student academic experience, including student outcomes where the provider has a track record of delivery of higher education.

Gateway Quality Review will provide a commentary about the ability of the provider to meet the Welsh Language standards in relation to the student academic experience and academic standards, however, this baseline element will not contribute to the formal GQRW judgements.

For each of (a) and (b) above, the outcomes of the Gateway Quality Review will be judgements expressed as:

- 1 **Confidence** that:
  - a academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b the quality of the student academic experience meets baseline regulatory requirements.

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<sup>8</sup> Note the focus is upon the arrangements that the provider has in place to ensure it complies with its obligations under consumer protection law, as opposed to considering whether the provider has or is currently meeting its consumer law obligations. Any views expressed by QAA on whether a provider has met this baseline requirement, therefore, should not be interpreted as QAA expressing a view on whether providers are in practice meeting their legal obligations (or have done so in the past). For the avoidance of doubt, any views expressed by QAA are not binding on consumer protection enforcement bodies (including the CMA or Trading Standard Services).

- 2      **Limited confidence** requiring specified improvements before there can be confidence that:
  - a      academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b      the quality of the student academic experience meets baseline regulatory requirements.
- 3      **No confidence** at this time that:
  - a      academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b      the quality of the student academic experience meets baseline regulatory requirements.

Judgements will be made by teams of peers against the relevant baseline regulatory requirements and represent the reasonable conclusions that a review team can come to, based on the evidence and time available.

Judgements of 'Confidence' are considered satisfactory. Judgements of 'limited confidence', and 'no confidence' are considered unsatisfactory.

HEFCW will consider these outcomes and make full use of them in reaching its decision about the provider's readiness, or not, to apply for specific designation or a Fee and Access Plan, as appropriate, when these outcomes are submitted as evidence for an application.

The criteria that review teams will use to determine their judgements are set out in Annex 4.



## Stages of the Gateway Quality Review

The Gateway Quality Review takes place in five stages.

Before the process commences, the provider will need to indicate to HEFCW its intention to undergo GQRW.

The provider would then need to inform QAA of its intention to commission GQRW. All expected cost and payment information will be available to providers in advance.

**Stage 1** involves QAA contacting each provider to discuss review arrangements, including whether the provider would prefer for the review to be conducted, fully or partially, in Welsh.

**Stage 2** incorporates an initial desk-based assessment of providers (initial provider assessment) undertaken by a QAA Quality Specialist to identify the most appropriate approach for each provider's Gateway Quality Review and provider briefings for the Gateway Quality Review. These may be face to face or virtual. Virtual briefings will be organised as dedicated one-to-one sessions with each provider. After being briefed, the provider and students prepare and upload their submissions and supporting evidence.

**Stage 3** sees reviewers conduct a desk-based analysis of the provider submission alongside relevant data provided by HEFCW, where available, and other contextual information. Some of this information, including the provider submission, is given by the provider, some is given by students and the rest is assembled by QAA and/or provided by HEFCW. During this stage, the review team will meet virtually to discuss its analysis.

**Stage 4** is an on-site visit to the provider. The on-site visit allows the review team to meet some of the provider's students and staff (and other stakeholders, where appropriate) and to scrutinise further information.

If TNE provision is under review, the Quality Specialist will look at the size and complexity of the provision, and will then agree with the provider an appropriate approach to reviewing their TNE provision. For example, QAA may hold a video conference with overseas branch campuses or delivery partners, including with staff and/or students, as part of the on-site visit in the UK.

On-site visits will normally be two days, although this could vary depending on the findings of the initial provider assessment. The programme will also vary for each provider but this will be based on preliminary findings by the review team before the on-site visit.

At the end of the on-site visit, the review team will meet in private to agree its judgements and other findings.

The review team will make use of simultaneous Welsh-English translation, where necessary.

**Stage 5** is when the review team, working with the QAA Quality Specialist, produces a report for HEFCW and for publication. The report will be published on QAA's website in English and Welsh. This stage may also include follow-up and action planning.

**Table 2: Gateway Quality Review at a glance**

Stage	QAA	Provider
<b>Stage 1</b>  First contact between QAA and the provider	At least 15 weeks before the on-site visit	
	QAA writes to the provider about the arrangements for the Gateway Quality Review.	Provider nominates a provider facilitator and Lead Student Representative.  Provider confirms if English and/or Welsh should be the language(s) of the review.
<b>Stage 2</b>  Preparation and submission	At least 11 weeks before the on-site visit	
	QAA undertakes initial provider assessment.  QAA arranges a provider briefing, which could be face-to-face or virtual.  QAA confirms length of the on-site visit and confirms the review team membership.	Provider attends briefing.  Provider advises on any potential conflicts of interest.
	7 weeks before the on-site visit	
		Provider prepares and uploads submission and supporting evidence.  Students prepare the student submission. This will be uploaded at the same time as the provider submission.
<b>Stage 3</b>  Desk-based analysis submission and supporting evidence	4 weeks before the on-site visit	
	Review team undertakes desk-based analysis.	
	2 weeks before the on-site visit	
	Review team holds virtual team meeting and QAA informs the provider of the programme of the visit, who the team wishes to meet and any request for additional evidence.	Provider prepares for the on-site review visit.
<b>Stage 4</b>  On-site visit	Week of the on-site visit	
	The on-site visit takes place.	
<b>Stage 5</b>  Reporting the outcomes	1 week after the on-site visit	
	Moderation of findings.	
	3 weeks after the on-site visit	
	Draft report finalised and sent to provider.	
	6 weeks after the on-site visit	
		Provider and Lead Student Representative comment on factual accuracy.
	9 weeks after the on-site visit	
	Final report produced.	
	Judgements and report sent to HEFCW.	
	11 weeks after the on-site visit	
	Report published on QAA's website, in English and Welsh.	

## Chapter 2: Key roles and responsibilities

This chapter outlines the roles and responsibilities of the key actors in the review process.

### Facilitators

Providers are invited to nominate a facilitator. The facilitator will help to organise and ensure the smooth running of the Gateway Quality Review and improve the flow of information between the review team and the provider. An effective working relationship between QAA and the facilitator should help to avoid misunderstandings (for example, the provider misunderstanding what QAA requires, or QAA misunderstanding the nature and scope of the provider's provision).

In summary, the facilitator will carry out the following key roles:

- liaise with the QAA Quality Specialist to organise the Gateway Quality Review
- during the on-site visit, provide the review team with advice and guidance on the provider's approach and arrangements
- during the on-site visit, meet the QAA Quality Specialist and the Lead Student Representative (and possibly also members of the review team) outside the formal meetings to provide or seek further clarification about particular questions or issues.

Further details about the role of the facilitator can be found in Annex 5.

### Student engagement in the Gateway Quality Review

Students play a critical role in the quality assessment of higher education. Given their current academic experience, students provide valuable insight for the review team.

The provider's students can input to the process by:

- nominating a Lead Student Representative, who is involved throughout the Gateway Quality Review
- contributing their views through a student submission describing their academic experience and their experience of quality assurance at the provider, which is key evidence for the desk-based analysis
- participating during the on-site visit, for example, through the Lead Student Representative, advising the review team of the provider's approach and arrangements during the visit
- working in partnership with the provider to draw up and implement the action plan after the Gateway Quality Review, where there is an unsatisfactory judgement.

### Lead Student Representatives

This role allows students to play a central part throughout the Gateway Quality Review.

The Lead Student Representative (LSR) will help to ensure smooth communication between the student body, the provider and QAA, and will normally oversee the production of a student submission. The LSR will also select the students that the review team will meet, based on advice from QAA.

Where possible, the LSR should be appointed by the students themselves, with support from a student representative body or equivalent within the provider. The LSR may be a member of the student representative body but may not hold a senior staff position. A job-share arrangement would be acceptable, as long as it is clear who is the main point of contact.

The provider should offer as much operational and logistical support to the LSR as is feasible. In particular, providers should share relevant information or data so that the student submission is well-informed and evidence-based.

In summary, the Lead Student Representative will carry out the following key roles:

- liaise with the facilitator throughout the Gateway Quality Review to ensure smooth communication between the student body and the provider
- give feedback on the Gateway Quality Review and its progress to the student body
- organise and oversee the preparation of the student submission
- assist with selecting students to meet the review team
- ensure continuity of activity throughout the Gateway Quality Review
- facilitate comments from the student body on the draft Gateway Quality Review report
- work with the provider to develop and deliver its action plan, where there is an unsatisfactory judgement.

Further details about the role of the Lead Student Representative can be found in Annex 6.

### **The role of degree-awarding bodies and other awarding organisations**

Providers will liaise with their degree-awarding bodies or other awarding organisations<sup>9</sup> in order to determine their appropriate input into the Gateway Quality Review, and to keep relevant degree-awarding bodies and/or organisations informed of the progress of the Gateway Quality Review.

Providers may wish for these bodies and/or organisations to be involved in the Gateway Quality Review by assisting, for example, with preparing the provider submission or attending on-site visits. Review teams will be pleased to meet the representatives of degree-awarding bodies or awarding organisations during on-site visits, and may encourage them to attend particular meetings, if it is likely to aid the review team's understanding of the relationship.

The provider under review will also be required to complete a responsibilities' checklist for each existing arrangement, regardless of the type of arrangement, which will indicate to the QAA review team how the responsibilities are distributed (see Annex 3).

### **Reviewers and review teams**

Each QAA review team will normally consist of three reviewers. The team will include a student reviewer, unless exceptional circumstances arise.

Review team members are selected on the basis of their experience in higher education and are expected to draw on this in their conclusions and evaluations about the management of quality and academic standards. The composition of each review team will also take into consideration the reviewers' knowledge and experience of higher education provision with, or at, similar types of provider to the one under review.

QAA peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision, including the management and/or administration of quality assurance arrangements.

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<sup>9</sup>Where appropriate, for example, there may be instances where a provider is in itself an awarding body.

Student reviewers are recruited from among students or sabbatical officers who have experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality<sup>10</sup>.

The cohort of reviewers appropriately reflects the diversity of the sector, including geographical location, size and type of provider, as well as reflecting those from diverse backgrounds. For review of TNE provision, the Gateway Quality Review team will include a reviewer with TNE expertise, where practical.

Training for review team members is provided by QAA. All reviewers, including those who have taken part in previous review methods, must take part in training before they conduct a Gateway Quality Review. The purpose of the training is to ensure that all team members fully understand:

- the aims and objectives of the Gateway Quality Review
- the procedures involved
- their own roles and tasks
- QAA's expectations of them.

QAA also provides opportunities for continuing development of review team members and operates procedures for managing reviewers' performance. The latter incorporates the views of providers who have undergone Gateway Quality Review.

More information about reviewers, their appointment, training and management is provided in Annex 7.

### **QAA Quality Specialist**

The role of the QAA Quality Specialist is to guide the team and the provider through all stages of the Gateway Quality Review, ensuring that approved procedures are followed. The Quality Specialist is responsible for the logistics of the Gateway Quality Review programme, including:

- undertaking the initial provider assessment
- liaising with the provider to confirm the programme for the on-site visit
- editing the Gateway Quality Review report.

The Quality Specialist will attend the final meeting with the provider and the private judgement meeting of the on-site visit to advise and guide the review team in its deliberations. This ensures that judgements and the overall conclusion are securely based on evidence available and that each Gateway Quality Review is conducted consistently.

### **QAA Quality Assurance Manager**

The Quality Assurance Manager is the senior QAA employee responsible for the Gateway Quality Review programme. They will oversee the delivery of the programme of reviews and manage the moderation process.

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<sup>10</sup> Student reviewers can act in this capacity for up to two years after graduating. First-year students cannot be considered for this role.

## Chapter 3: Preparing for the on-site visit

This part of the handbook explains the activities that need to be carried out to prepare for the on-site visit.

The scheduling of visits is agreed between QAA and the provider. HEFCW will be informed of review dates. The provider is expected to contact QAA and express their intention to undergo GQRW before the formal process can commence.

### Overview of timeline for activity before the on-site visit

Standard timelines are given below. (The timeline for the period after the on-site visit is given in Chapter 5). Please note that there may be unavoidable instances when activities need to take place over a shorter or longer time period. The deadlines in this timeline may also be amended to accommodate the Christmas or Easter periods, and any UK public holidays/QAA closure days. The precise dates will be confirmed in writing by the QAA Quality Specialist.

**Table 3: Timeline for activity before the on-site visit**

Working weeks	Activity	Detail
At least 15 weeks before	Initial contact for Gateway Quality Review activity	QAA will write to the provider about arrangements for the Gateway Quality Review, including language preferences (Welsh and/or English). Provider to confirm the facilitator and Lead Student Representative.
At least 11 weeks before	Initial provider assessment  Provider briefings  Confirmation of on-site visit dates and review team composition	QAA will identify, for each individual provider, the most appropriate approach to the Gateway Quality Review, including the format of the provider briefing.  QAA arranges a provider briefing that would normally be virtual, but for some providers will be face-to-face.  QAA will write to the provider to confirm the length of the on-site visit, the membership of the review team, and the deadline for the provider submission, supporting evidence and student submission.
7 weeks before the on-site visit	Provider submission	Provider uploads provider and student submissions and supporting evidence.  Submissions demonstrate the provider has the capacity to meet the relevant baseline regulatory requirements.
4 weeks before the on-site visit	Desk-based analysis	Reviewers, through a desk-based process, analyse the submissions and supporting evidence and identify: <ul style="list-style-type: none"><li>• main areas for clarification/verification for the on-site visit, which will inform the programme for the visit</li><li>• additional evidence that the provider should make available at the beginning of the on-site visit for the team to review during the visit.</li></ul>
2 weeks before the on-site visit	Virtual team meeting	Review team has virtual team meeting to discuss the conclusions of the desk-based analysis, confirm agendas and finalise logistics in preparation for the visit.  QAA Quality Specialist confirms with the provider the programme for the visit, and requests additional evidence to be made available at the beginning of the on-site visit.

## **First contact with QAA**

Once a provider has indicated its intention to commission a Gateway Quality Review, the QAA will contact the provider with regard to the scheduling of the Gateway Quality Review. At this stage QAA will also ask providers to nominate their facilitator and Lead Student Representative, and to confirm the language (English and/or Welsh) in which they would prefer the review to be conducted.

QAA will confirm the date of the provider's Gateway Quality Review, practical arrangements and the relevant deadlines.

Once the provider knows the on-site visit date, QAA expects the provider to disseminate that information to its students and tell them how they can engage with the process.

QAA will also confirm which QAA Quality Specialist will be coordinating the Gateway Quality Review and the administrative officer, based at QAA's headquarters, who will support it. Providers are welcome to phone or email their Quality Specialist, should they have any questions. The QAA Quality Specialist can provide advice about the process but cannot act as a consultant for the preparation, nor comment on whether a provider's quality assurance processes are appropriate or fit for purpose.

## **Initial provider assessment**

The first stage of the Gateway Quality Review is an initial desk-based assessment of providers undertaken by QAA to identify the most appropriate approach for each provider's Gateway Quality Review. The initial provider assessment is likely to analyse information from various sources, including:

- the provider's website
- the most recent QAA review reports about the provider and the organisations with which it delivers learning opportunities, where applicable
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with which it delivers learning opportunities
- the most recent reports of other quality assessment bodies, including international organisations, where applicable, about the provider and/or organisations with which it delivers learning opportunities
- the most recent Estyn or Ofsted reports, or any equivalent reports about the provider and organisations with which it delivers learning opportunities, where applicable
- contextual data about the provider to identify the shape, size and profile of its provision, based on Higher Education Statistics Agency and Lifelong Learning Wales Record data.

For providers with transnational provision, the review process may include cooperation with the quality assurance agency in the host country, including, when appropriate, referring to that agency's reviews.

The analysis determines:

- whether an in-person provider briefing is needed (see overpage)
- the length of the on-site visit.

The outcome of the initial provider assessment will be communicated to the provider in writing. This will represent the reasonable conclusion QAA can reach based on the

information available. The briefing will give the provider the opportunity to add further details in relation to any specific issues that may impact the complexity of its provision.

### **QAA briefings for providers**

All providers will receive a briefing before their on-site visit. Upon request, the briefing may be delivered in English with simultaneous translation into Welsh.

At the briefing, QAA will discuss the structure of the Gateway Quality Review as a whole.

The briefing will include a discussion about the provider submission and supporting evidence. Further guidance about the structure and content of the provider submission is given in Annex 2.

The briefing will also provide an important opportunity for QAA to liaise with the Lead Student Representative (LSR) about the student submission and how students will be selected to meet the team. Student selection will be the responsibility of the LSR, but they may choose to work in conjunction with the facilitator, or with other student colleagues. Further guidance on the role of the LSR is given in Annex 6.

The majority of providers will receive individual virtual sessions (by phone or video conference) with their dedicated Quality Specialist.

For some providers, QAA may decide that it would be more appropriate to hold a face-to-face briefing. QAA will give each provider further guidance about who should participate in the meeting. Circumstances where this might occur include:

- where the provider has limited or no previous experience of a QAA review or has undergone unsuccessful QAA reviews previously (whether with or without revised judgements)
- where provision is complex or significant changes have occurred, including recent mergers.

The briefings (whether they are face-to-face or by phone/virtual) will give providers the opportunity to ask any questions about the Gateway Quality Review that remain, to focus on questions specific to them, and to discuss the outcome of the initial provider assessment. It will also enable the provider to talk directly to their dedicated Quality Specialist managing the Gateway Quality Review.

After the briefings, the Quality Specialists will be available by email and telephone to help clarify the process further with either the facilitator or the LSR.

### **On-site visit duration and review team composition**

Following the briefing sessions, QAA will write to the provider to confirm the duration of the on-site visit and the review team membership.

QAA will give the provider information about the review team members and ask the provider to advise of any potential conflicts of interest that a reviewer might have with their organisation, and may make adjustments in light of that.



## **Provider submission and supporting evidence**

The provider submission and supporting evidence, which should be tailored to match the nature of the provider and its higher education provision, has three main functions:

- to give the review team an overview of the organisation, including its approach to managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and any other external reference points (other than the baseline regulatory requirements, for example, PSRB requirements) that the provider is required to consider
- to describe to the review team the provider's approach to assuring the academic standards and quality of that provision
- to explain to the review team how the provider knows that its approach is effective in meeting the relevant baseline regulatory requirements (and other external reference points, where applicable), and how it could be further improved.

The provider submission may be in English or Welsh.

For guidance about the content and use of the provider submission, see Annex 2.

## **Student submission**

The function of the student submission is to help the review team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. The student submission is, therefore, an extremely important piece of evidence.

The student submission may be in English or Welsh.

For guidance about the content and use of the student submission, see Annex 6.

## **Uploading the provider submission and student submission (seven weeks before the on-site visit)**

The provider will need to upload the provider submission (and student submission, where applicable), and accompanying evidence, seven weeks before the on-site visit. The precise date for doing this will have been confirmed at the QAA briefing and/or by QAA through correspondence.

Please see Annex 2 for how the provider submission and supporting evidence should be uploaded to QAA's electronic site.

## **Use of data in the Gateway Quality Review**

Key metrics will be provided by HEFCW and used by the review team throughout the Gateway Quality Review. This data set will be shared with the provider to aid discussions during the Gateway Quality Review.

Providers that do not have sufficient data should include in the submission their own data relating to student recruitment, retention, progression and achievement for the higher education provision under review. It is helpful to provide this data covering three to five years in order to demonstrate trends over time. QAA encourages providers to consider their achievements and shortfalls against relevant nationally or internationally benchmarked data sets. Where such data sets exist, the provider submission should report against, reflect upon, and contextualise their results.

## **HEFCW issues regarding the quality of HE provision**

Where HEFCW has specific issues about the quality of HE provision at a provider that it wishes to explore, QAA may be asked to investigate those issues as part of the Gateway Quality Review.

### **Review team desk-based analysis (four weeks before the on-site visit)**

The review team will begin its desk-based analysis of all the information as soon as the provider submission and student submission are uploaded and Welsh language translations are made available, if necessary. The purpose of the desk-based analysis is to enable reviewers to:

- identify which areas are sufficiently covered by the provider submission and which areas require further clarification/verification during the on-site visit
- identify additional evidence to be made available at the beginning of the on-site visit
- develop questions for the on-site visit
- identify people (roles) to meet during the visit.

To undertake the analysis reviewers will:

- evaluate evidence relating to the provider's provision against the relevant baseline regulatory requirements
- analyse data relating to the provider's students' outcomes, completion rates and satisfaction where available, and information about providers' policies and practices
- consider overseas agencies' reports on TNE provision where relevant
- gather students' views through a submission.

Should the team identify any gaps in the information or require further evidence about the issues they are pursuing, they will inform the QAA Quality Specialist. The QAA Quality Specialist will then make a request to the provider for further information to be made available at the beginning of the on-site visit. Requests for additional information will be strictly limited to what the team requires to complete its scrutiny, and the provider is entitled to question why the team has requested to see any of the additional information.

### **Review team virtual team meeting (two weeks before on-site visit)**

Two weeks before the on-site visit, the team will hold a virtual team meeting in preparation for the visit. This takes place over half a day and does not involve the provider. It is the culmination of the desk-based analysis and allows the review team to:

- discuss its analysis of the documentary evidence
- identify which areas have been sufficiently addressed
- confirm issues for further exploration at the on-site visit
- decide the programme of the visit and who to meet.

## Chapter 4: The on-site visit (week 0)

The majority of on-site visits will take place over a two-day period. In some cases, the length of the on-site visit may be three days. The decision to tailor the length of the review visit will be made during the initial provider assessment by QAA and will be based on the size and complexity of the provider's provision.

The activity undertaken during the on-site visit will not be the same for every provider, but the review team will ensure that its programme includes meetings with:

- senior staff, including the head of the provider
- academic and professional support staff
- a representative group of students, to enable the review team to gain first-hand information on students' experience as learners and on their engagement with the provider's quality assurance processes.

The review team will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the provider's premises, such as distance-learning students, students studying outside the UK or alumni.

The review team will make use of simultaneous Welsh-English translation, where necessary.

Although the facilitator and Lead Student Representative (LSR) will not be present with the review team for its private meetings, the team may have regular contact with the facilitator and LSR, at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. The facilitator and LSR should also suggest informal meetings if they want to alert the team to information that might be useful.

Before the private judgement meeting, the team will hold a final meeting with selected staff, students, the facilitator or LSR to seek final clarifications to help the team come to secure findings. This meeting also allows the team to confirm its understanding of detailed aspects under scrutiny, and the provider to present any further evidence that might not have been made available to the team previously.

The QAA Quality Specialist will only attend the on-site visit for this final meeting with the provider and will facilitate the review team's private judgement meeting.

At the end of the visit, the review team will meet with the QAA Quality Specialist to confirm the provisional judgements and agree any areas for development and/or specified improvements for the provider. This meeting will be private. Provisional judgements will not be immediately communicated to the provider.

The Quality Specialist will chair this judgement meeting and will test the evidence base for the team's findings. Judgements represent reasonable conclusions that a review team is able to come to, based on evidence and time available.

The review team will reach judgements about:

- the reliability of academic standards and their reasonable comparability with standards set and achieved in other providers in the UK
- the quality of the student academic experience, including student outcomes.

The criteria that review teams will use to determine their judgements are set out in Annex 4.

## Chapter 5: After the on-site visit

This part of the handbook describes what happens after the on-site visit has ended.

### Post on-site visit activity timeline

This part of the handbook describes what happens after the on-site review visit has ended and the outcome is successful; that is the judgements are both of 'confidence' for both academic standards and the student experience. Information about the process if any of the judgements are unsatisfactory can be found in the process for unsatisfactory judgements section below.

Please note that deadlines may be amended to accommodate the Christmas or Easter periods, and any UK public holidays/QAA closure days. The QAA Quality Specialist will confirm precise dates in writing.

**Table 4: Post on-site visit activity timeline**

Working weeks	Activity
Week +1	Moderation of findings.
Week +3	Draft report is sent to provider and Lead Student Representative for comments on factual accuracy. Relevant partner degree-awarding bodies or awarding organisations are copied in.  Provisional judgements are sent to HEFCW.
Week +6	Provider and Lead Student Representative provide comments on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA.
Week +9	Quality Specialist considers corrections and produces final report.  Confirmed judgements and final report sent to HEFCW.
Week +11	Gateway Quality Review report published on QAA's website, in English and Welsh.

### Gateway Quality Review report

The Gateway Quality Review findings (judgements, areas for development and specified improvements) will be decided by the review team as peer reviewers. The QAA Quality Specialist will ensure that the findings are backed by adequate and identifiable evidence, and that the Gateway Quality Review report provides information in a succinct and readily accessible form.

Gateway Quality Review reports will normally be no longer than 10 pages, comprising findings, judgements, areas for development and specified improvements.

QAA will retain editorial responsibility for the final report and will moderate findings to promote consistency. The moderation process will be undertaken by the Quality Assurance Manager and Quality Specialists to ensure that the judgements, across a range of providers, are consistent and that areas for development and specified improvements are proportionate.

Three weeks after the end of the on-site visit, the provider will receive the moderated draft report, which will be copied to the relevant degree-awarding bodies or other awarding organisations. QAA will also copy in the Lead Student Representative and invite his or her comments. At this time, HEFCW will be notified of the provisional outcomes.

The provider should respond within three weeks, informing QAA of any errors in fact or interpretation in the report, including any comments by the Lead Student Representative. These errors must relate to the period before or at the on-site visit; the review team will not amend the report to reflect changes or developments made by the provider after the on-site visit ended.

The QAA Quality Specialist will finalise the report. This report will be provided to HEFCW and form part of the evidence HEFCW uses to inform its decision about a provider's status.

The Gateway Quality Review report will be published in both English and Welsh versions on QAA's website.

### **Process for unsatisfactory judgements**

The judgements 'limited confidence' and 'no confidence' are considered unsatisfactory. Where the unpublished final report (that is, the version produced in light of the provider's comments on the draft report) contains at least one unsatisfactory judgement, QAA will not send that report to HEFCW.

Instead, QAA will send it back to the provider so they can consider whether or not to appeal against the judgements.

QAA has formal processes for receiving complaints and appeals. Details of these processes can be found in Annex 9.

**Table 5: Timeline for providers receiving an unsuccessful outcome**

Working weeks from on-site visit <sup>11</sup>	Unsuccessful outcome (no appeal)	Unsuccessful outcome (appeal)
Week +1	Moderation of findings.	
Week +3	Draft report is sent to provider and Lead Student Representative for comments on factual accuracy. Relevant partner degree-awarding bodies or awarding organisations are copied in. Governance Team and HEFCW advised of any unsuccessful outcomes. Provisional judgements are sent to the HEFCW.	
Week +6	Provider and Lead Student Representative comment on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA.	
Week +9	Review team consider corrections and produces unpublished final report.	
Week +11	Unpublished final report forwarded to provider. Depending on the nature and extent of comments received, QAA may choose to send additional correspondence detailing reason(s) behind accepting/rejecting provider comments.	
Week +12 <b>Week 0</b>	Provider indicates its intention not to appeal.	Provider indicates its intention to appeal. Anything not raised in draft 1 will be inadmissible in an appeal against the unpublished final report. QAA notifies HEFCW of appeal. Appeal process begins.
Week +13 <b>Week +1</b>	No appeal received. QAA sends final report to HEFCW.	Provider submits appeal documentation and supporting evidence. Appeal reviewer confirmed.
Week +15 <b>Week +3</b>		Appeal reviewer decides whether the case should be rejected or referred for consideration to appeal panel.
Week +17 <b>Week +5</b>		Provider informed of outcome of preliminary screening. Review team submits their comments on the appeal.
Week +18 <b>Week +6</b>		Appeal panel considers all evidence, including the review team submission and reaches a collective decision.
Week +20 <b>Week +8</b>		Appeal outcome reported to the provider by QAA. QAA notifies HEFCW of appeal outcome. Report sent to HEFCW. HEFCW considers the appeal outcome.

<sup>11</sup> Figures not in bold are for Gateway Quality Review weeks. Figures in **bold** are for appeal weeks.

## **Action plan and follow-up activity**

Following the Gateway Quality Review, where a provider has received a judgement of 'limited confidence' or 'no confidence' in one or both of the judgement areas, the provider will be required to develop an action plan that addresses the areas for development and specified improvements identified. This should be produced in partnership with the student body and signed off by the head of the provider.

QAA will support providers who have a 'limited confidence' or 'no confidence' judgement to complete an action plan, monitoring their progress within agreed timescales and confirming that the actions taken have had a positive impact. The provider will have the possibility to have its judgements revised after one year. QAA will work with the provider to determine the level of intensity of any follow-up action required in view of having the judgements revised. If the judgements are revised to 'confidence' the review is deemed successful.

After a four-year period, providers may choose to apply for a further Gateway Quality Review. This will re-test the standards and quality aspects of the baseline regulatory requirements, allowing them to demonstrate that academic standards are secure, that they are able to deliver a consistently high-quality student academic experience, and that their students will have good outcomes.

Further information on how HEFCW will use the outcomes of this Gateway Quality Review when considering an application for specific designation or a Fee and Access Plan can be found on its website.

Further guidance on how to complete an action plan can be found in Annex 8.

## Annex 1: Definition of key terms

**Academic quality** is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided for them. In order to achieve a higher education award, students participate in the learning opportunities made available to them by their provider. A provider should be capable of guaranteeing the quality of the opportunities it provides, but it cannot guarantee how any particular student will experience those opportunities. By ensuring that its policies, structures and processes for the management of learning opportunities are implemented effectively, a provider also ensures the effectiveness of its outcomes.

**Threshold academic standards** are the minimum acceptable levels of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and the *Credit and Qualifications Framework for Wales* (CQFW). Threshold academic standards define the minimum standards that degree-awarding bodies must use to make the award of qualifications at a particular level of the relevant framework for higher education qualifications (for example, a foundation degree or a doctoral degree).

**Academic standards** are the standards that individual degree-awarding bodies set and maintain for the award of their academic credit or qualifications. These may exceed the threshold academic standards. Individual degree-awarding bodies are responsible for defining their own academic standards by setting the pass marks and determining the grading/marking schemes and any criteria for classification of qualifications that differentiate between levels of student achievement above and below the threshold academic standards.

Part A of the UK Quality Code for Higher Education (the Quality Code) explains how academic standards are set and maintained for higher education qualifications in the UK. The frameworks, statements and guidance concerned with academic standards constitute formal components of Part A, which explains how these components relate to each other and how collectively they provide an integrated context for setting and maintaining academic standards in higher education.

Part A also sets out what is expected of degree-awarding bodies in setting, delivering and maintaining the academic standards of the awards that they make. Delivery organisations working with degree-awarding bodies do not carry the same responsibilities for academic standards but need to understand how academic standards are set and maintained in UK higher education. The specific role as a delivery organisation in relation to academic standards is set out in the formal agreement with its degree-awarding body. This also applies to awarding organisations and the relationship between delivery partners and awarding organisations.

**Professional, statutory and regulatory bodies** (PSRBs) are organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs and they may stipulate academic requirements that must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification.

Where degree-awarding bodies/awarding organisations choose to offer programmes that lead to, or provide exemption from, specific professional qualifications, the requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility



for the academic standards remains with the degree-awarding body/awarding organisation that is awarding the academic qualification.

Where providers have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.

**Student academic experience** refers to the learning experience that students receive from a provider and how they are supported to progress and succeed. It includes the reliability of information published about the academic experience.

**Transnational education (TNE)** refers to all types of higher education study programmes, or sets of courses of study, or educational services (including those of distance education) in which the learners are located in a country different from the one where the awarding provider is based. Such programmes may belong to the education system of a State different from the State in which it operates, or may operate independently of any national education system.

**Areas for development** relate to areas that the review team believes have the potential to enhance quality and/or further secure the reliability and/or comparability of academic standards.

**Specified improvements** relate to matters that the review team believes are already putting, or have the potential to put, quality and/or standards at risk and hence require improvement.

## **Annex 2: The provider submission and framework for self-evaluation against the baseline regulatory requirements**

This annex provides further information on the provider submission and outlines how a provider may refer to the relevant baseline regulatory requirements.

The provider submission may be produced in English or Welsh.

The provider submission should first set out the context in which the provider is operating, briefly describe the provision under review, and make the team aware of any recent (major) changes and their implications for safeguarding academic standards and the student academic experience. Where relevant, details of the provider's relationships with awarding bodies/awarding organisations should also be provided.

The submission should then go on to outline how the provider meets the relevant baseline regulatory requirements.

Please see the indicative questions and indicative evidence noted in this Annex.

### **How the provider submission is used**

The provider submission is used throughout the Gateway Quality Review process, both as an information source and a way of navigating the supporting evidence. Reviewers will be looking for indications that the provider:

- has arrangements to ensure that it can meet relevant baseline regulatory requirements
- systematically monitors and reflects on the effectiveness of its engagement with the relevant baseline regulatory requirements
- uses monitoring and self-reflection of management information, and comparisons against previous performance and national and international benchmarks, where available and applicable.

The provider should demonstrate that its own monitoring and self-reflection:

- is carried out working in partnership with students (and other stakeholders where relevant)
- maintains provider oversight
- leads to the identification of strengths and areas for improvement, and subsequently to changes in a provider's procedures or practices.

The provider submission should also consider the effectiveness of the provider's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

**As an indication, we would expect the provider submission to be no more than 40 pages long.**

## Provider submission supporting evidence

It is vital that the provider submission identifies evidence illustrating that it meets the relevant baseline regulatory requirements. It is not the review team's responsibility to seek out this evidence. In order to help a provider ensure that review teams have the evidence they need, a minimum list of evidence is provided below. The evidence you provide with your submission will need to, at least, cover the areas provided in this list.

Providers may wish to consider following the relevant baseline regulatory requirements framework when producing their provider submission. QAA expects each provider to tailor the questions and evidence to their own specific context. **Providers are not expected to create any new evidence for the Gateway Quality Review** and should only provide evidence already in existence.

While the selection of evidence is at the provider's discretion, it is important that the provider is discerning in that selection, limiting evidence to that which is clearly relevant to the provider's self-evaluation against the relevant baseline regulatory requirements. It is quite acceptable - indeed expected - that a provider will reference the same key pieces of evidence in several different parts of the submission. By carefully selecting limited evidence, the provider demonstrates its quality assurance maturity. Excessive evidence may indicate that the provider has not properly understood its obligations.

**As an indication, we would expect to receive no more than 100 pieces of supporting evidence.**

The review team will, however, find it difficult to complete the Gateway Quality Review without access to the following sets of information:

- signed agreements with degree-awarding bodies and/or awarding organisations, where applicable
- policy, procedures and guidance on quality assurance and improvement (this may be in the form of a manual or code of practice)
- a diagram of the structure of the main bodies (deliberative and management) that are responsible for the assurance of quality and standards - this should indicate both central and local (that is, school/faculty or similar) bodies
- a representative sample of minutes of central quality assurance bodies for the two academic years prior to the Gateway Quality Review
- a sample of annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the Gateway Quality Review
- for providers who do not have sufficient data, the last three years of student performance data (e.g. enrolment, retention, completion and achievement data) - an Excel template is available on request
- for providers who have awarding bodies/organisations, a completed responsibilities checklist (see Annex 3) - one for each awarding body.

**Table 6: Relevant baseline regulatory requirements framework for Gateway Quality Reviews indicative questions and evidence**

Requirement	Indicative questions	Indicative evidence
<i>The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (FHEQ)</i>	<ul style="list-style-type: none"> <li>• What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding organisation for helping to set and/or maintain the academic standards of their awards?</li> <li>• How do you ensure that the academic standards of your programmes are at a level that meets or exceeds the UK threshold standard for the qualification as set out in the FHEQ?</li> <li>• Are there any other reference points you use for academic standards?</li> <li>• How do you test that students have achieved the academic standards set and/or maintained where provision is made on your behalf?</li> <li>• How do you ensure that the academic standards of your programmes are comparable with those of other UK higher education providers?</li> <li>• How do you use data to monitor your academic standards?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme specifications</li> <li>• Programme approval documentation</li> <li>• Assessment frameworks/regulations</li> <li>• Minutes of board of examiners</li> <li>• External examiner reports and provider responses</li> <li>• Analysis of retention and progression data</li> </ul>
<i>Credit and Qualifications Framework Wales (CQFW)</i>	<ul style="list-style-type: none"> <li>• How do you take account of the CQFW in your policies and practices?</li> <li>• How has your provision been aligned to the CQFW? What steps have been taken to ensure this?</li> <li>• How do you ensure that staff have the information they need in relation to the CQFW?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme specifications</li> <li>• Programme approval documentation</li> <li>• Assessment frameworks/regulations</li> <li>• Minutes of board of examiners</li> <li>• External examiner reports and provider responses</li> <li>• Analysis of retention and progression data</li> <li>• Communications with staff</li> </ul>

<p>Expectations of the UK Quality Code for Higher Education (the Quality Code)</p>	<ul style="list-style-type: none"> <li>• What is your understanding of the responsibilities you have been allocated by each degree-awarding body and/or other awarding organisation for ensuring the quality of the student academic experience?</li> <li>• What structures do you have for managing the quality of the student experience? How do you know those structures are effective?</li> <li>• How do you identify areas for improvement of the student academic experience?</li> <li>• How do you use data to inform your approach to the continuous improvement of the quality of the student academic experience?</li> <li>• How do you involve students in the learning and assessment process?</li> <li>• How do you ensure staff are competent in research, scholarship and/or pedagogy?</li> <li>• How do you use external stakeholders and external input to improve the quality of the student academic experience?</li> <li>• How do you ensure your approach to admissions is consistent and transparent?</li> <li>• How do you ensure adequate and readily accessible learning resources and support are available for students?</li> <li>• How do you collect and respond to student feedback?</li> <li>• How do you involve students in the management of the quality of the student academic experience?</li> </ul>	<ul style="list-style-type: none"> <li>• Statements of quality assurance policies</li> <li>• A small representative sample of terms of reference and minutes of bodies within deliberative structures</li> <li>• Strategies for learning, teaching and assessment</li> <li>• Strategies for staff development</li> <li>• Strategies for provision of learning resources and student support</li> <li>• Admissions policy/progress</li> <li>• Examples of student feedback and provider response</li> </ul>
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<p>The section of the HE Code of Governance, or other equivalent designated governance code, relating to academic governance</p>	<ul style="list-style-type: none"> <li>• How does your governing body maintain oversight of academic governance arrangements?</li> <li>• How does your governing body respect the principles of academic freedom and collegiality?</li> <li>• How does your governing body maintain oversight of academic risk?</li> <li>• How does your governing body encourage student involvement in academic governance?</li> <li>• How does your governing body assure itself that student complaints are effectively addressed and the welfare of students is secured?</li> </ul>	<ul style="list-style-type: none"> <li>• Purposeful representative sample of minutes of governing body</li> <li>• Demonstration of the interaction between the governing body and senate/academic board</li> </ul>
<p>Policies and procedures are in place to ensure consumer protection obligations are met</p>	<ul style="list-style-type: none"> <li>• How do you ensure that prospective students are given the information they need in order to make informed decisions?</li> <li>• How do you ensure that the terms and conditions between you and your students are fair?</li> <li>• How do you ensure your terms are easily located and accessible and that important terms are drawn to prospective students' attention before they accept an offer?</li> <li>• How do you ensure that your terms are clear and unambiguous?</li> <li>• How do you ensure that your terms are fair and balanced?</li> <li>• How do you ensure that your complaint-handling processes and practices are accessible, clear and fair?</li> </ul>	<ul style="list-style-type: none"> <li>• Policies incorporating consumer protection obligations</li> <li>• Policies and procedures covering the provision of information to prospective students (before, with and after offers are made) and samples of such information</li> <li>• Policies for reviewing terms and conditions, including policies relating to course changes and closures and fee changes, examples of cases</li> <li>• Complaints processes and policies, and examples of cases</li> <li>• Academic and student regulations and supporting policies and/or any student contract, including in relation to terms allowing changes to courses and/or fees, and examples of how such terms have been applied</li> <li>• Complaints and appeals process and policies, and examples of cases</li> </ul>

Student protection measures	<ul style="list-style-type: none"> <li>• How do you know that your policies and practices for course closures and changes are transparent, fair and accessible?</li> <li>• How do you communicate with students when changes occur?</li> <li>• How do you inform and consult with students about material changes to continuing courses?</li> <li>• What arrangements do you have for ensuring continuity of provision for students when a course is closed?</li> <li>• How would you support the wider higher education sector in the event of a programme or provider closure elsewhere?</li> <li>• How do you know that your complaints and appeals processes are accessible and clear?</li> <li>• How do you know that the outcomes of your complaints and appeals processes are proportional, fair and timely?</li> <li>• How do you know that your complaints and appeals processes are appropriately independent and confidential?</li> <li>• How do you use the outcomes of your complaints and appeals processes to improve the student experience?</li> </ul>	<ul style="list-style-type: none"> <li>• Policy for course changes and closures</li> <li>• Examples of consultation with students on course change and closure</li> <li>• Complaints and appeals process and examples of cases</li> <li>• (Annual) evaluation of the effectiveness of the policy/process</li> <li>• Analysis of high frequency complaints and interventions to improve in these areas</li> </ul>
Welsh Language Standards (in reference to providers based in Wales only)	<ul style="list-style-type: none"> <li>• How do you take account of Welsh language requirements within your policies and practices?</li> <li>• What forms of advice and student support are you able to provide through the medium of Welsh?</li> <li>• How are students made aware of the Welsh medium provision available at your provider?</li> <li>• How do you ensure compliance with the Welsh Language Act in relation to the academic experience of your students?</li> <li>• What have you done to ensure that students have access to Welsh medium provision?</li> <li>• How do you ensure that the Welsh language is treated no less favourably than the English language, in relation to the academic experience (e.g. within teaching and assessment procedures)?</li> <li>• What steps have been taken to ensure that you have an adequate pool of Welsh medium external examiners/assessors?</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a Welsh Language Strategic Plan</li> <li>• Examples of encouraging students to engage with the Coleg Cymraeg Cenedlaethol (the Coleg) and examples of investment in the Coleg</li> <li>• Case studies of students learning through Welsh medium</li> <li>• Examples of access to Welsh language resources at the provider and the Coleg, e.g. a Welsh language personal tutor</li> <li>• Examples of cultural activities within the community through the Welsh language, e.g. Welsh language sessions</li> </ul>

## Points to consider when compiling the provider submission and supporting evidence

Table 7: Technical requirements for the provider submission and supporting evidence

Technical requirements for the provider submission and supporting evidence	
Indicative limits	<p>The indicative length of the provider submission should be 40 pages, in font comparable to Arial size 11. This will include any diagrams and charts.</p> <p>In support of the provider submission, we would expect to receive no more than 100 pieces of evidence.</p>
Overall presentation	<p>The provider submission and supporting evidence should be supplied in a coherent structure:</p> <ul style="list-style-type: none"> <li>• all files together, with no subfolders or zipped files documents clearly labelled numerically - beginning 001, 002, and so on</li> <li>• ensure that each document has a unique reference number - do not number the same document with different numbers and submit multiple times.</li> </ul>
File naming convention	<p>Only use alphanumeric characters (a-z and 0-9), spaces, the underscore (_) and the hyphen (-).</p> <p>Do <b>not</b> use:</p> <ul style="list-style-type: none"> <li>• full stops and any other punctuation marks or symbols, as these will not upload successfully.</li> </ul>
File types to avoid	<p>Do <b>not</b> upload:</p> <ul style="list-style-type: none"> <li>• shortcut files (also known as .lnk and .url files)</li> <li>• temporary files beginning with a tilde (~)</li> <li>• administrative files such as thumbs.db and .DS_Store.</li> </ul>
<p>For technical assistance with uploading files, please contact the QAA service desk on: +44 (0)2829 33 11 11, or email <a href="mailto:onedesk@m5servicedesk.ac.uk">onedesk@m5servicedesk.ac.uk</a>.</p> <p>The service desk operates from Monday to Friday between 9.00 and 17.00 GMT.</p>	



## Annex 3: Responsibilities' checklist for providers without degree awarding powers

One copy of this checklist should be completed for each partnership with an awarding body and awarding organisation and sent to QAA as part of the evidence base for the submission. To assist providers with this exercise, QAA and Pearson have jointly produced a standard responsibilities checklist for providers delivering Higher National Certificates (HNCs) and Higher National Diplomas (HNDs) awarded by Pearson. QAA reviewers will use this standard checklist in respect of all such programmes. The standard checklist appears below.

### Provider:

### Awarding body/organisation:

Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the provider is fully responsible (implementation is fully devolved), please mark the provider column; where the awarding body/organisation has full responsibility, mark the awarding body/organisation column; where responsibility is shared or the provider implements under awarding body/organisation direction, mark the shared column. Where responsibility is devolved to the provider or shared please give documentary references that show how this is managed or implemented.

Area	Provider	Awarding body/organisation	Shared	Documentary reference(s)
Programme development and approval				
Modifications to programmes				
Setting assessments				
First marking of student work				
Moderation or second marking of student work				
Giving feedback to students on their work				
Student recruitment				
Student admissions				
Selection or approval of teaching staff				
Learning resources (including library resources)				
Student engagement				
Responding to external examiner reports				
Annual monitoring				
Periodic review				
Student complaints				
Student appeals*				
Managing relationships with other partner organisations (e.g. placement providers)				
Enhancement				

\* As the awarding provider cannot delegate responsibility for academic standards to its delivering partner, the awarding provider must retain ultimate responsibility for academic appeals and complaints about academic standards.

## Pearson responsibilities checklist

Awarding organisation: Pearson Education Ltd

Quality Code Expectation	Summary of what the provider is responsible for	Summary of what the awarding body is responsible for
Programme development and approval	Designing effective learning materials and a learning and teaching strategy that meets the learning outcomes of the Higher Nationals (HNs).  pp 28-31 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Designing and approving the HN qualifications and gaining recognition by Qualifications Wales.
Modifications to programmes	Processes and procedures to ensure that the learning materials and the learning and teaching strategy are regularly reviewed and modified as appropriate to ensure their continued relevance and validity.  pp 22; 36-41 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Ensuring the relevance and validity of the qualification, identifying, implementing and approving modifications and ensuring recognition of these by Qualifications Wales.
Setting assessments	Operational responsibility for ensuring that students have appropriate opportunities to show they have achieved the intended learning outcomes and grading descriptors (where appropriate). This includes responsibility for setting assessments in direct compliance with Pearson requirements.  pp 59-64 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Responsible for setting the learning outcomes and assessment criteria attached to each outcome - these must be strictly adhered to. Provision of generic grade descriptors that must be contextualised to the assessment set. Oversight through monitoring by external examiners at their annual visit that the assessments are appropriate and at the national standard.
First marking of student work	Undertaken by the provider.  pp 65-72; BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	The marking is monitored by the external examiner to ensure that the standard of student work is appropriate to the grade awarded and to ensure consistency both within and across providers.

Second marking	Undertaken by the provider (known as internal verification)  pp 81-85 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	As above
Giving feedback to students on their work	The provider is responsible for this.  pp 65-67 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Feedback on assessments is expected and monitored by the external examiner at their annual visit.
Student recruitment	Marketing of and recruitment of students to the programmes they provide.  pp 42-44 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Requires centres to recruit learners with integrity.
Student admissions	Activities associated with the admission of students to the programme, including: promoting and marketing the programme; setting admissions criteria; selecting applicants; making offers and enrolment, induction and orientation of new students.  Making student registrations in a timely fashion.  pp 42-44 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Maintenance of a register of students registered by centres on the HNs.  At Centre Approval, ensuring the centre has policies and procedures for student admissions (through the Academic Management Review (AMR) and the Quality Management Review (QMR)) <sup>12</sup> .
Selection or approval of teaching staff	The provider is responsible for the appointment of teaching staff and ensuring they have the right skills and experience to deliver a high-quality programme  pp 24-25 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7	Reviewing CVs of teaching staff at Centre Approval stage and during the AMR visit or QMR visit.

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<sup>12</sup> Further Education Colleges providing Higher Nationals undergo a Quality Management Review visit and Alternative Providers undergo an Academic Management Review.

Learning resources including library resources	<p>Delivery of the programme, including provision of learning resources and all aspects of learning and teaching strategy.</p> <p>Appointment of teaching staff.</p> <p>Strategic oversight of the identification and provision of learning resources to enable students to develop their academic, personal and professional potential, including provision for students with additional learning needs.</p> <p>pp 39-40 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	<p>Appointment of external examiners and, for alternative providers, Academic Management Reviewers who (inter alia) oversee that the provider has the capacity and the subject specific resources and faculties to deliver a high-quality programme.</p> <p>Oversight, at Centre Approval, of the arrangements and resources put in place by the provider.</p> <p>In addition, the AMR or QMR visit reviews arrangements for learning resources and the management of staffing.</p>
Student engagement	<p>Developing, implementing and facilitating arrangements and processes that ensure the engagement of students, individually and collectively, in the enhancement and assurance of the educational experience.</p> <p>p 23; 39</p>	<p>External examiner meets students at their annual visit to the provider as part of the overall quality assurance and monitoring of the programme and of provision at the provider.</p>
Responding to external examiner reports	<p>Responsibility for putting into effect the recommendations of external examiners.</p> <p>pp 21-22 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	<p>Approve and sign off providers' actions in response to external examiner reports at next external examiner visit and, in addition, at the AMR or QMR visit.</p>
Annual monitoring	<p>Ensuring appropriate processes are in place to routinely monitor and periodically review the programme as delivered by them and to keep under constant review, all aspects of standards management, quality assurance and day-to-day delivery of the programme.</p> <p>pp 22-23 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	<p>Ultimate responsibility for the monitoring and review of the HN programme, including directing providers to take necessary action as appropriate.</p> <p>More information about the annual process for monitoring quality assurance can be found on Pearson's Qualifications website <sup>13</sup>.</p>

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<sup>13</sup> Available at <https://qualifications.pearson.com/content/demo/en/support/support-topics/quality-assurance/quality-assurance-overview.html>

Periodic review	Responsible for engaging with Pearson during periodic reviews via consultation when requested <sup>14</sup> .	Responsible for periodic reviews <sup>15</sup> . Following a periodic review, Pearson has redesigned the HN qualifications <sup>16</sup> .
Complaints	<p>Implementation of a fair and accessible complaints procedure for the informal, and where appropriate, formal investigation and determination of a student complaint<sup>17</sup>.</p> <p>p 83 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p> <p>Provision of information to students on their right to apply for external review by the Office of the Independent Adjudicator (OIA)<sup>18</sup>.</p> <p>p 18 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	Dealing with student complaints referred to it by the OIA, relating to the overall quality or standards of the qualification itself if the student remains dissatisfied after exhaustion of the provider's internal complaints procedure.
<p>Appeals</p> <p><i>Continued overpage...</i></p>	<p>Provision of information to students on their right to appeal and process for internal appeal and subsequent external appeal to Pearson.</p> <p>Forwarding any external appeals to Pearson.</p> <p>p 81 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	<p>Determining external appeals made by students, following the exhaustion of the provider's internal appeal procedure.</p> <p>Pearson's determination of an appeal is final (subject to the involvement of the OIA).</p>

<sup>14</sup> See: <https://qualifications.pearson.com/content/dam/pdf/downloads/changes-to-hns.pdf> (PDF, 144KB).

<sup>15</sup> A review of one or more programmes of study, undertaken periodically (typically once every five years), using nationally agreed reference points, to confirm that the programmes are of an appropriate academic standard and quality. The process typically involves experts from other providers. Pearson conducted a periodic review during 2014-15.

<sup>16</sup> New BTEC Higher Nationals, available at: <https://qualifications.pearson.com/en/qualifications/btec-higher-nationals/higher-nationals.html>

<sup>17</sup> Pearson feedback and complaints, available at: <http://qualifications.pearson.com/en/support/contact-us/feedback-and-complaints.html>.

<sup>18</sup> The Office for the Independent Adjudicator (OIA), available at: [www.oiahe.org.uk](http://www.oiahe.org.uk)

<i>Continued from previous page</i>	<p>Provision of information to students on their right to apply for external review by the OIA in relation to the provider's handling of the academic appeal (but not in relation to the academic decision).</p> <p>p 18 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	
Managing relationships with other partner organisations (such as placement providers)	<p>Designing and implementing key quality assurance processes to ensure the quality of student learning opportunities.</p> <p>pp 11-13; 21 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	Oversight of the quality of the student learning opportunities by way of external examiner visits, Centre Approval. The AMR and QMR visits also review collaborative arrangements.
Production of definitive programme information (such as programme specifications)	<p>The provider is responsible for providing definitive programme information relating to the HNs as delivered at their provider, including a tailored programme specification.</p> <p>pp 28-31 BTEC Centre Guide to Quality Assurance and Assessment Levels 4 to 7</p>	Pearson is responsible for providing the definitive information for the HNs (including the overall qualification specification).
Enhancement	<p>Ensuring appropriate processes are in place to systematically improve the quality of provision and the ways in which students' learning are supported.</p>	Oversight of the provider's assurance and enhancement of educational activities through Centre Approval and, through the AMR or QMR visits.

## Annex 4: Assessment framework for reaching Gateway Quality Review judgements

Each review visit will consider a provider's arrangements against relevant aspects of the baseline regulatory requirements, and in particular:

- a Consider the reliability of degree standards and their reasonable comparability with standards set and achieved in other providers in the UK.
- b Consider the quality of the student academic experience, including student outcomes where the provider has a track record of delivery of higher education.

The review team will also identify areas for development/specified improvements that would assist the provider to meet the baseline quality requirements.

For each of (a) and (b) above, the outcomes of the Gateway Quality Review will be judgements expressed as:

- 1 **Confidence** that:
  - a academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b the quality of the student academic experience meets baseline regulatory requirements
- 2 **Limited confidence** requiring specified improvements before there can be confidence that:
  - a academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b the quality of the student academic experience meets baseline regulatory requirements
- 3 **No confidence** at this time that:
  - a academic standards are reliable, meet UK requirements, and are reasonably comparable with standards set and achieved in other providers in the UK
  - b the quality of the student academic experience meets baseline regulatory requirements.

The criteria the review teams will use to come to these judgements are set out below. Judgements are cumulative, which means that most criteria within a particular section should be fulfilled in order to support the relevant judgement.

**Table 8: Framework for reaching judgements**

<b>Confidence</b>	<b>Limited confidence</b>	<b>No confidence</b>
<p>Any areas for development relate, for example, to:</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update approaches that will not require or result in major structural, operational or procedural change</li> <li>• activity that is already underway.</li> </ul>	<p>Any specified improvements relate, for example, to:</p> <ul style="list-style-type: none"> <li>• weaknesses in the provider's approach to this aspect of the baseline regulatory requirement</li> <li>• insufficient emphasis or priority given to assuring standards or quality</li> <li>• problems that are confined to a small part of the provision.</li> </ul>	<p>Any specified improvements relate, for example, to:</p> <ul style="list-style-type: none"> <li>• ineffective approach to this aspect of the baseline regulatory requirement</li> <li>• significant gaps in policy or approaches relating to the provider's quality assurance</li> <li>• breaches by the provider of its own quality assurance policy.</li> </ul>
<p>The need for action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p>	<p>Plans that the provider presents for addressing identified problems are underdeveloped or not fully embedded in the provider's operational planning, and could lead to a serious problem over time without action.</p>	<p>Plans for addressing identified problems that the provider may present before or at the Gateway Quality Review are not adequate to rectify the problems, or there is very little or no evidence of progress.</p>
<p>There is evidence that the provider is fully aware of its responsibilities for assuring quality and standards, and no serious problems are envisaged to develop.</p>	<p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues.</p>	<p>The provider has not recognised that it has major problems or has not planned significant action to address problems it has identified.</p>
		<p>The provider has limited understanding of the responsibilities associated with one or more key areas of this aspect of the baseline regulatory requirements, or the provider may not be fully in control of all parts of the organisation.</p>



## Annex 5: The role of the facilitator

The provider is invited to appoint a facilitator to support the Gateway Quality Review. The role of the facilitator is intended to improve the flow of information between the team and the provider. It is envisaged that the facilitator will be a member of the provider's staff.

The role of the facilitator is to:

- act as the primary contact for the QAA Quality Specialist during preparations for the Gateway Quality Review, including the on-site visit
- act as the review team's primary contact during the on-site visit
- provide advice and guidance to the team on the provider submission and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the Gateway Quality Review, to be confirmed by the QAA Quality Specialist
- ensure that the provider has a good understanding of the matters raised by the review team, thus contributing to the effectiveness of the Gateway Quality Review, and to the subsequent enhancement of quality and standards within the provider
- meet the review team at the team's request during the on-site visit, in order to provide further guidance on sources of information and clarification of matters relating to the provider's structures, policies, priorities and procedures
- work with the Lead Student Representative (LSR) to ensure that the student representative body is informed of, and understands, the progress of the Gateway Quality Review
- work with the LSR to facilitate the sharing of data between the provider and the student body in order that the student submission may be well informed and evidenced.

The facilitator will not be present for the review team's private meetings. However, the facilitator will have the opportunity for regular meetings, so that both the team and the provider can seek further clarification outside of the formal meetings. This is intended to improve communication between the provider and the team during the on-site visit and enable providers to gain a better understanding of the areas being investigated.

The facilitator is permitted to observe any of the other meetings that the team has apart from those with students. Where the facilitator is observing, they should not participate in discussion unless invited to do so by the review team.

The facilitator should develop a working relationship with the LSR that is appropriate to the provider and to the organisation of the student body. It is anticipated that the LSR will be involved in the oversight and possibly the preparation of the student submission, and with selecting students to meet the review team during the on-site visit.

In some providers, it may be appropriate for the facilitator to support the LSR in ensuring that the student representative body is fully aware of the Gateway Quality Review, its purpose and the students' role within it. Where appropriate, and in agreement with the LSR, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for meetings with the review team.

## **Appointment and briefing**

The person appointed as facilitator must possess:

- a good working knowledge of the provider's quality assurance arrangements against a set of baseline regulatory requirements, its approach to monitoring and review, and an appreciation of quality and standards matters
- knowledge and understanding of the Gateway Quality Review
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

## **Protocols**

Throughout the Gateway Quality Review, the role of the facilitator is to help the review team come to a clear and accurate understanding of the provider's quality assessment arrangements to ensure that the provider is able to deliver a consistently high-quality student academic experience and that academic standards are secure.

The role requires the facilitator to observe objectively, to communicate clearly with the team where requested, and to establish effective relationships with the QAA Quality Specialist and the LSR. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

The review team will decide how best to use the information provided by the facilitator.

The facilitator is not a member of the team and will not make judgements about the provision. The facilitator must observe the same conventions of confidentiality as the review team.

In particular, written material produced by team members is confidential, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, so that the provider has a good understanding of the matters raised by the team at this stage in the process. This can contribute to the effectiveness of the Gateway Quality Review, and to the subsequent enhancement of quality and standards within the provider.

The facilitator will not have access to QAA's electronic communication system for review teams. The review team also has the right to ask the facilitator to disengage from the Gateway Quality Review at any time, if they consider that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

## **Annex 6: Student engagement in Gateway Quality Review (including student submission)**

Students are one of the main beneficiaries of the Gateway Quality Review and are, therefore, central to the process. In every Gateway Quality Review there are many opportunities for students to inform and contribute as follows.

### **The Lead Student Representative**

The role of the Lead Student Representative (LSR) is designed to allow student representatives to play a central part in the organisation of the Gateway Quality Review. The LSR will oversee the production of the student submission.

It is up to the student representative body to decide who should take on the role of the LSR. QAA recognises that this might be a challenge in itself, but suggest that the LSR might be an officer from the students' union, an appropriate member of a similar student representative body, a student drawn from the provider's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence, QAA would suggest that providers seek volunteers from within the student body to fulfil this role. The LSR cannot hold a senior staff position.

Not all providers are resourced to be able to provide the level of engagement required of the LSR, so QAA will be flexible about the amount of time that the LSR should provide.

It would be acceptable if the LSR represented a job-share or team effort, as long as it was clear with whom QAA should communicate. In all cases, QAA would expect the provider to provide as much operational and logistical support to the LSR as is feasible in undertaking their role and, in particular, to ensure that any relevant information or data held by the provider is shared with the LSR to ensure that the student submission is well informed and evidence-based.

The LSR should normally be responsible for:

- receiving copies of key correspondence from QAA
- organising or overseeing the writing of the student submission
- selecting students to meet the review team
- observing and/or participating in the students meeting(s) - see note below
- advising the review team during the on-site visit, on request
- attending the final on-site visit meeting
- liaising internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminating information about the Gateway Quality Review to the student body
- giving the students' comments on the draft report
- coordinating the students' input into the provider's action plan, where there is an unsatisfactory judgement.

The LSR is permitted to observe any of the meetings that the review team has with students. This is entirely voluntary and there is no expectation that the LSR should attend. The LSR should not participate in the team's discussions with students unless invited to do so by the review team. The LSR is not permitted to attend meetings that the team has with staff, other than the final meeting on the last day of the on-site visit.

QAA is committed to enabling students to contribute to its review processes. The principal vehicles for students to inform this process are the student submission and the LSR. However, it may not be possible in all providers to identify an LSR and/or for the students to

make a student submission. In these circumstances, we may need to consider an alternative way of allowing students to contribute their views directly to the review team.

## **Student submission**

The function of the student submission is to help the review team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision-making and quality assurance processes. Where the student submission indicates significant problems in the provider's assurance of standards and quality, this may lead the review team to spend longer on particular issues than they would do if the submission suggests the provider is managing its responsibilities effectively. The student submission is, therefore, an extremely important piece of evidence.

The student submission may be produced in English or Welsh.

### **Format, length and content**

The student submission may take a variety of forms, for example, videos, interviews, focus group presentations, podcasts, or a written student submission. The submission should be concise and provide an explanation of the sources of evidence that informed its comments and conclusions.

The student submission must include a statement of how it has been compiled, its authorship, and the extent to which its contents have been shared with and endorsed by other students.

The review team will welcome a student submission that tries to represent the views of as wide a student constituency as possible. The LSR is encouraged to make use of existing information, such as results from internal student surveys and recorded outcomes of meetings with staff and students, rather than conducting surveys especially for the student submission.

Students are also encouraged to investigate and make use of national data sets, where available, that provide comparable information about the provider when putting together the student submission. One good source of relevant undergraduate data is the Unistats website<sup>19</sup>. This website contains a wealth of data, such as the outcomes of the National Student Survey, and information on completion rates and graduate outcomes and destinations that the LSR may wish to comment on in the student submission, or that might make a good source of evidence for a point students wish to make.

When gathering evidence for and structuring the student submission, it will be helpful if the LSR takes account of the advice given to providers for constructing the provider submission (see Annex 2).

In particular, the LSR may wish to include in the submission, students' views on how good the provider is:

- in making its courses sufficiently challenging and comparable to similar courses at other providers, including in content
- in giving you information about what you need to learn and achieve

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<sup>19</sup> [www.unistats.com](http://www.unistats.com)

- at checking courses are relevant and up to date, when they first introduce them and at regular intervals - this might be through asking you to evaluate modules or courses or through you being involved in formal processes
- at involving people from outside to check that courses are sufficiently challenging and contain appropriate content - this might include external examiners who write reports that should be available for you to read
- in assessing you fairly, consistently and in ways that test what you've learnt, and in giving you the right opportunities to show what you've learnt
- at being fair, explicit and consistent in how it admits students
- at enabling you to be independent learners, and analytical, critical and creative thinkers
- at helping you to develop and improve, academically, personally and professionally
- at involving you in checking and helping to improve the quality of education
- in dealing with complaints about your student experience and appeals about decisions in a fair and timely way
- at managing courses that are taught by another organisation on their behalf - this might be if a college teaches a course but the qualification comes from the university
- at creating an environment for research students where they can learn how to do research and achieve academic, personal and professional outcomes
- at providing information about themselves
- at providing opportunities for students to contribute to the continuous improvement in their quality of education.

The student submission should not name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also avoid comments from individual students who may not be well placed to speak as representatives of a wider group.

More information and guidance about producing the student submission can be found on QAA's website.

### **Submission delivery date**

The student submission should be posted to the QAA secure electronic site seven weeks before the on-site visit. QAA will confirm the precise date in correspondence with the provider. The student submission is uploaded at the same time as the provider submission.

### **Sharing the student submission with the provider**

Given the importance of the student submission in the Gateway Quality Review, in the interests of transparency and fairness it must be shared with the provider - at the latest when it is uploaded to the secure electronic site.

### **Continuity**

The Gateway Quality Review occurs over a period of several months. It is likely that both the provider and its students will have been preparing well before the start of the on-site visit, and will continue to be involved afterwards. QAA expects providers to ensure that students are fully informed and involved in the process throughout. QAA expects that the student representative body and the provider will wish to develop a means for regularly exchanging information about quality assessment and improvement, not only so that student representatives are kept informed about the Gateway Quality Review, but also to support general engagement with the quality assessment processes of the provider.

Once the on-site visit is over, QAA will invite the LSR to provide comments on the draft report's factual accuracy.

## **Annex 7: Appointment, training and management of reviewers**

The Gateway Quality Review is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision, or students with experience in representing students' interests. They are appointed by QAA, and will be required to have the expertise listed below. There are no other restrictions on what types of staff or students may become reviewers.

The credibility of the Gateway Quality Review depends in large measure upon the currency of the knowledge and experience of review teams. QAA's preference, therefore, is for staff and student reviewers to be employed by providers or enrolled on a programme of study, respectively. However, currency of knowledge and experience is not lost as soon as employment or study comes to an end. Thus, QAA allows students to continue as reviewers for a limited time after they have left higher education, and will also consider self-nominations from former staff who can demonstrate a continuing engagement with academic standards and quality.

Student reviewers may continue as reviewers for up to two academic years after they finish their studies or term as a sabbatical officer. Student reviewers cannot hold senior staff positions.

### **Peer reviewer specification**

The essential criteria for staff reviewers are:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- thorough understanding of the content, role and practical application of the baseline regulatory requirements
- working knowledge of the diversity of the higher education sector
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the monitoring and periodic review process of their own and/or other providers
- experience of assessing the achievements of students on higher education programmes at their own provider and/or other providers (for example as an external examiner)
- experience of working at, or with, a provider that is a recent entrant to the higher education sector
- experience of working at, or with, a further education college with higher education provision
- experience of investigating and/or managing complaints and appeals
- experience in the delivery, management and/or quality assurance of transnational education
- knowledge or experience of overseas' operating environments
- an understanding of the Welsh education context.

The essential selection criteria for student reviewers are:

- experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality OR demonstrable interest in ensuring that the student interest is protected
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for student reviewers are:

- experience of higher education delivered in a further education college or alternative provider setting
- experience of participating in higher education outside the UK or knowledge of international higher education systems
- experience of transnational education
- an understanding of the Welsh education context.

In making the selection of reviewers, QAA tries to make sure that a wide range of different providers are represented in the pool of reviewers, and that the pool reflects - in aggregate - sectoral, discipline, geographical, gender and ethnic balances.

## **Reviewer management**

Reviewers are appointed on the basis that they agree to undertake, if requested, three Gateway Quality Reviews per academic year. The appointment will be reviewed after each year, but may be extended beyond this period by mutual agreement and subject to satisfactory performance.

At the end of each Gateway Quality Review, QAA asks reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers. The QAA Quality Specialist coordinating the Gateway Quality Review also provides feedback on each reviewer. QAA shares the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

Reviewers with particularly good feedback are invited to provide further information for use in training or dissemination to other reviewers. Reviewers with weaker feedback may be offered additional support and/or released from the reviewer pool, depending on the nature of the feedback and its prevalence.

## Annex 8: Guidance on producing an action plan

### Background

Following the Gateway Quality Review, where a provider has received a judgement of 'limited confidence' or 'no confidence' in one or both of the judgement areas, the provider will be expected to develop an action plan that addresses the areas for development and specified improvements identified. This should be signed off by the head of the provider. This should be produced jointly with Lead Student Representatives.

HEFCW/QAA does not specify a template for the action plan because each provider will have its own way of planning after the Gateway Quality Review. However, suggested headings are explained in the table below.

Area for development/specified improvement	Action to be taken	Date for completion	Action by	Success indicators
As identified by the Gateway Quality Review team and contained in the Gateway Quality Review report.	<p>The provider should state how it proposes to address the areas for development/ specified improvements identified from the Gateway Quality Review.</p> <p>Actions should be specific, proportionate, measurable and targeted at the issue or developmental need identified by the review team.</p> <p>Multiple actions may be required.</p>	<p>The provider should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review team.</p> <p>The more specific the action, the easier it will be to set a realistic target date.</p> <p>Multiple dates may be required for each part of the action.</p>	<p>The provider should identify the person or committee with responsibility for ensuring that the action has been taken.</p> <p>If a person is responsible, the action plan should state their role rather than their name.</p>	<p>The provider should identify how it will know and how it will demonstrate that a developmental action has been successfully addressed.</p> <p>Again, if there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators.</p>



## **Annex 9: Gateway Quality Review appeals process**

### **What is an appeal?**

An appeal is a challenge by a provider against the findings of a Gateway Quality Review.

Appeals are submitted under QAA's GQRW Appeals Procedure<sup>20</sup>. This is an internal process, and does not require legal representation. Submissions are drafted by the appealing provider ('the provider') and submitted to QAA's Head of Governance.

Providers have one week from the receipt of the unpublished final report to indicate their intention to appeal.

An appeal can be lodged only during the two-week submission window, which begins on receipt of the unpublished final report.

Adjustments to the timeline are made for public holidays and QAA closures.

All providers are eligible to appeal against an unsuccessful outcome. Providers may choose not to appeal, in which case their outcome is confirmed to HEFCW.

Appeals can be submitted on the basis of procedural irregularity, or new material. That is material that was in existence at the time the team made its decision and that, had it been made available before the review had been completed, would have influenced the judgements of the team and there is a good reason for it not having been provided at the time.

It is not possible to appeal on grounds of academic judgement.

Appeals are distinct from complaints. Complaints are an expression of dissatisfaction with services that QAA provides, or actions that QAA has taken. The procedure is not designed to accommodate or consider complaints. Where a complaint is submitted with an appeal, it is stayed until the completion of the appeal procedure, in order that the investigation of the complaint does not prejudice, and is not seen to prejudice, the handling of the appeal.

### **Communication**

When a provider submits an appeal, contact with any Gateway Quality Review reviewers, officers, Quality Specialists or managers ceases immediately, and the provider's main contacts become the QAA Governance Team. Other QAA staff and reviewers should not enter into any direct communication with the provider after the receipt of an appeal, and should forward any communication that they do receive to the Governance Team.

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<sup>20</sup> Available at: [www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions](http://www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions)

This document is available in both English and Welsh.

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